

FIG. 1a

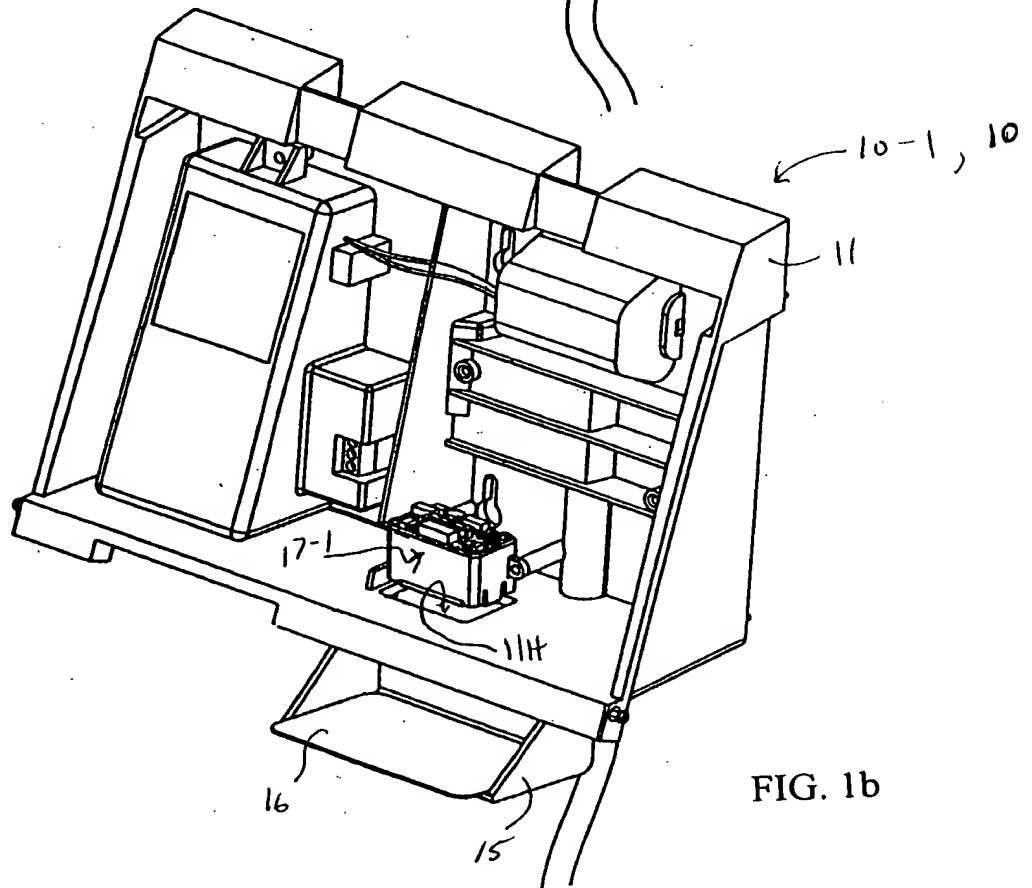


FIG. 1b

FIG. 1d

FIG. 1d

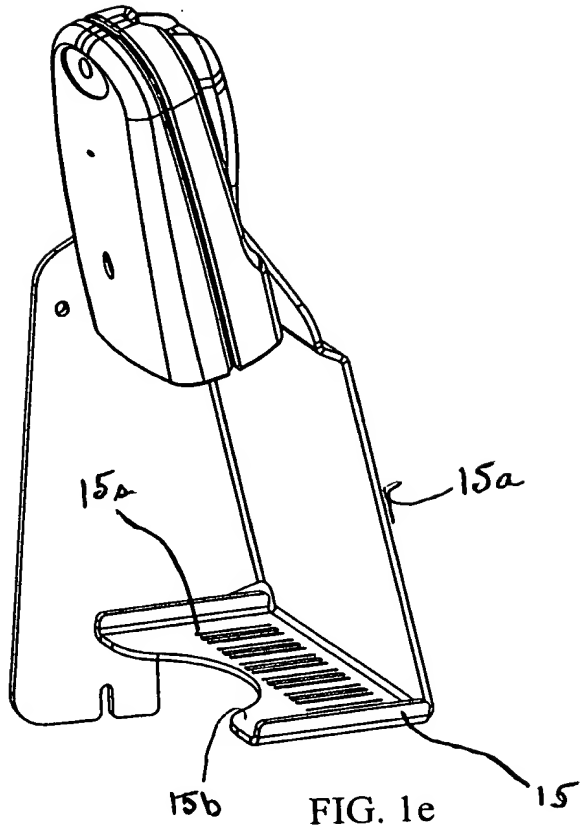


FIG. 1e

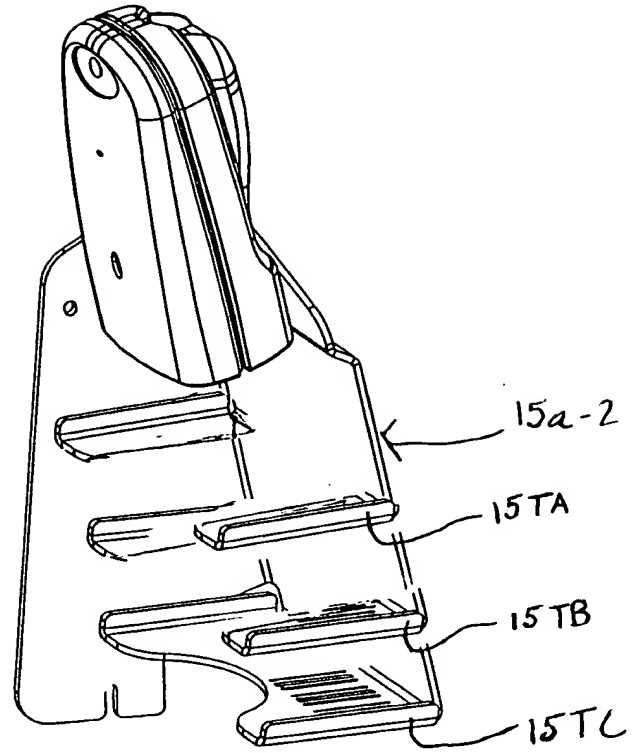


FIG. 1f

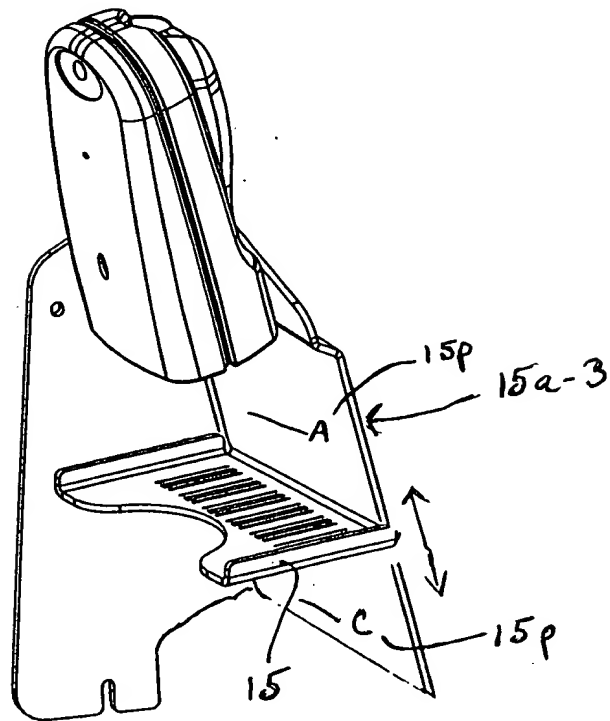


FIG. 1g

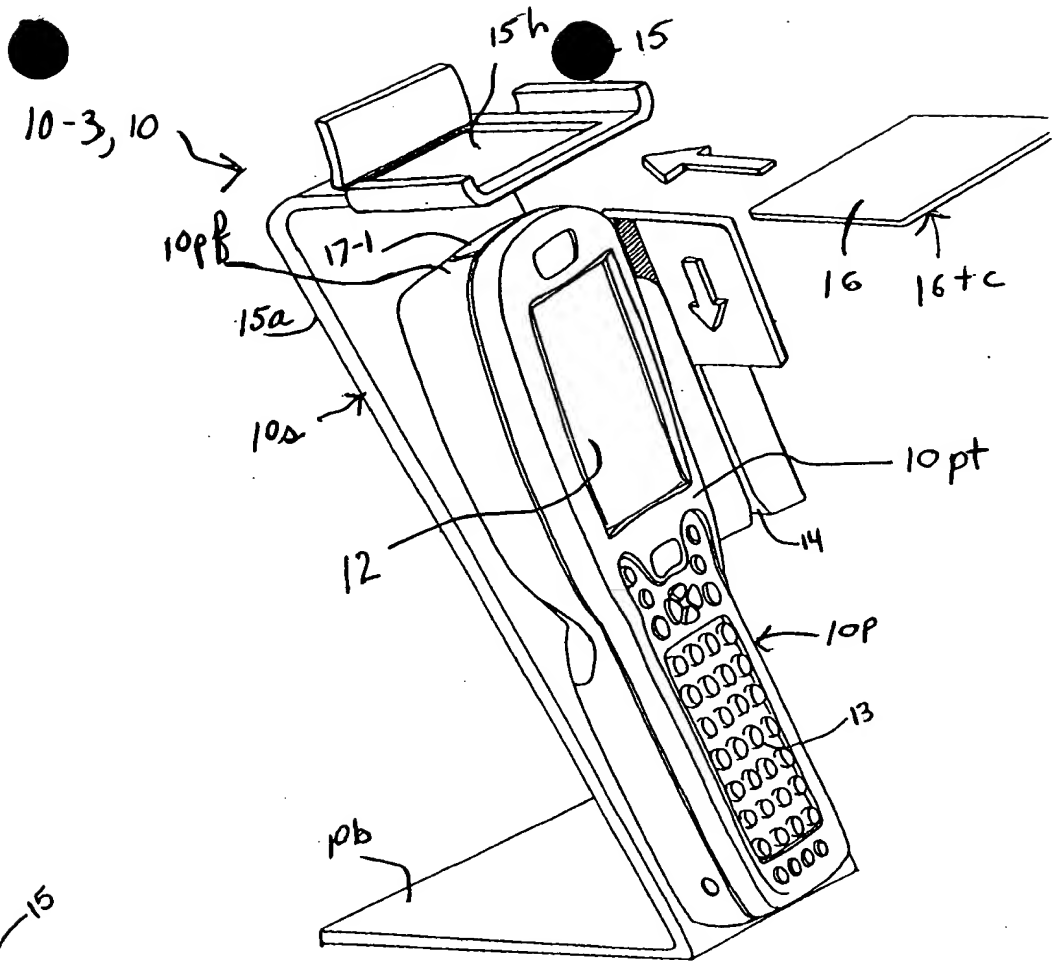


FIG. 1h

FIG. 1h

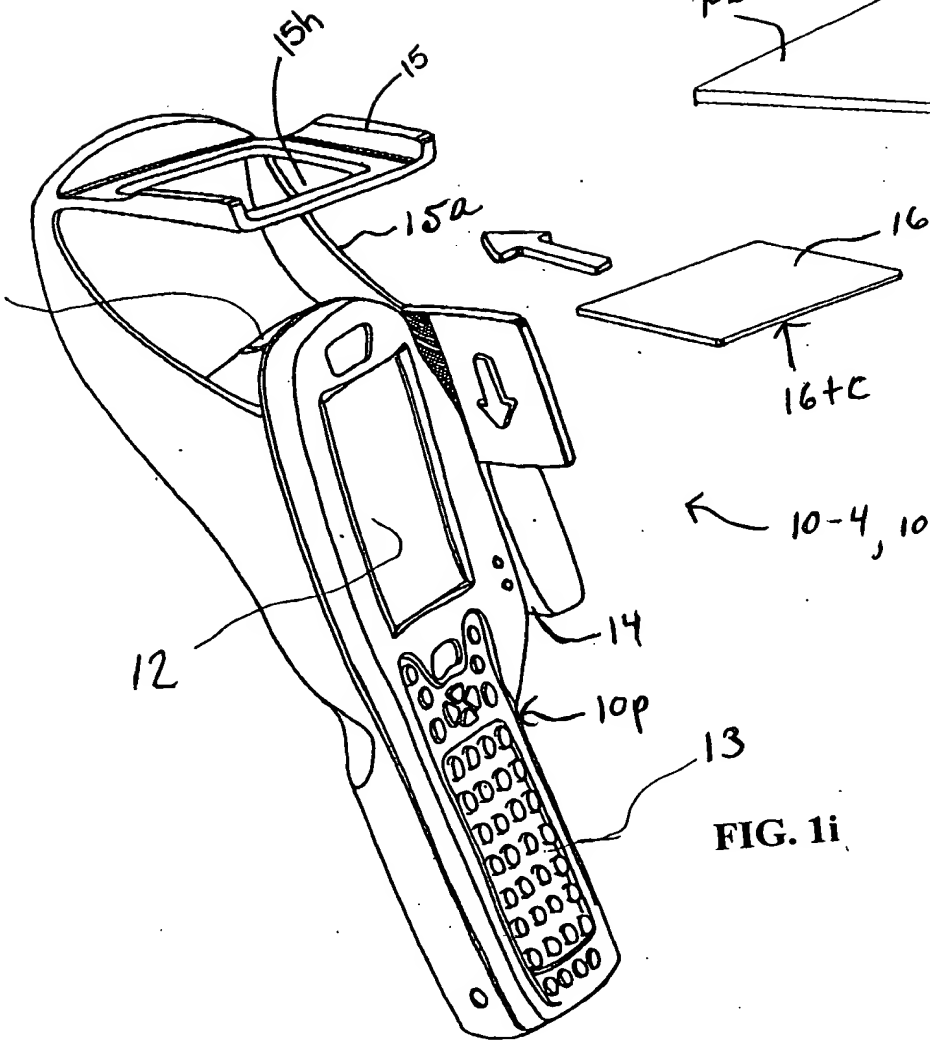


FIG. 1i

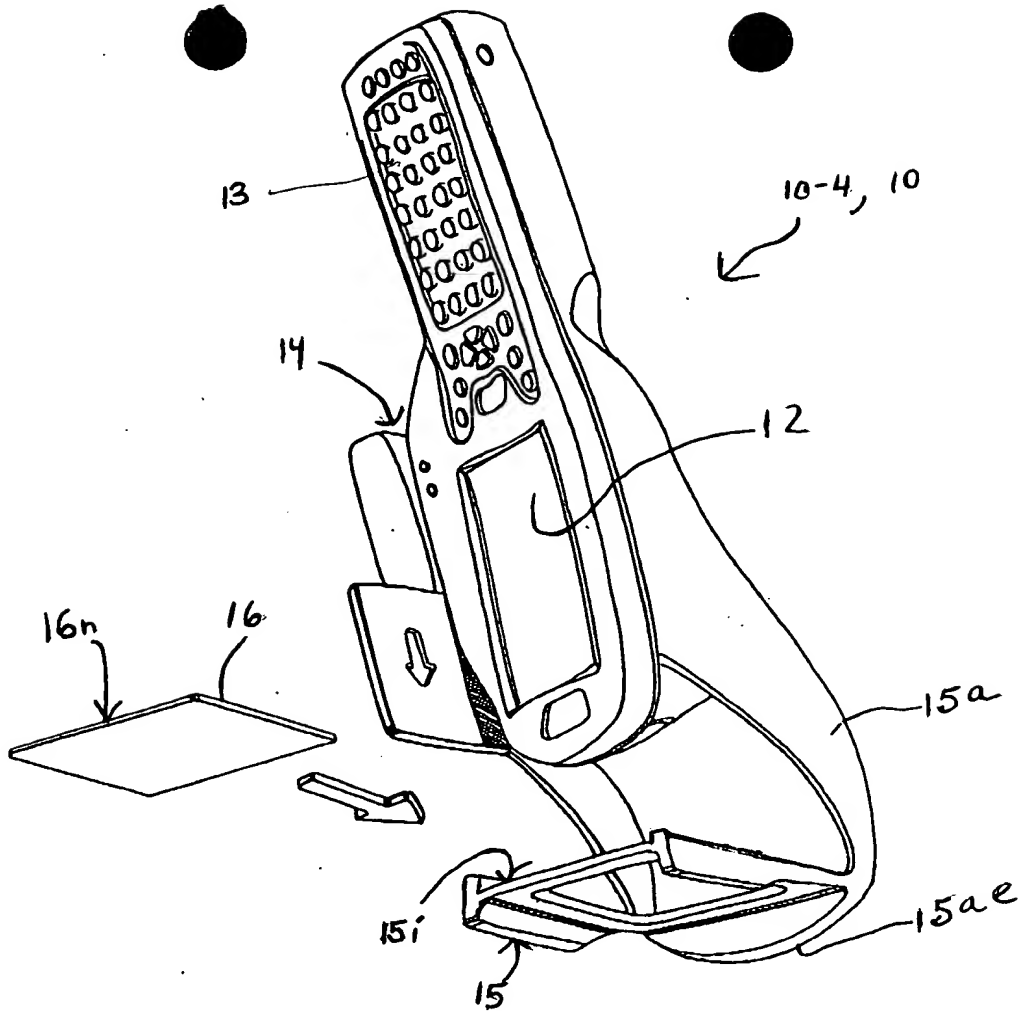


FIG. 1j

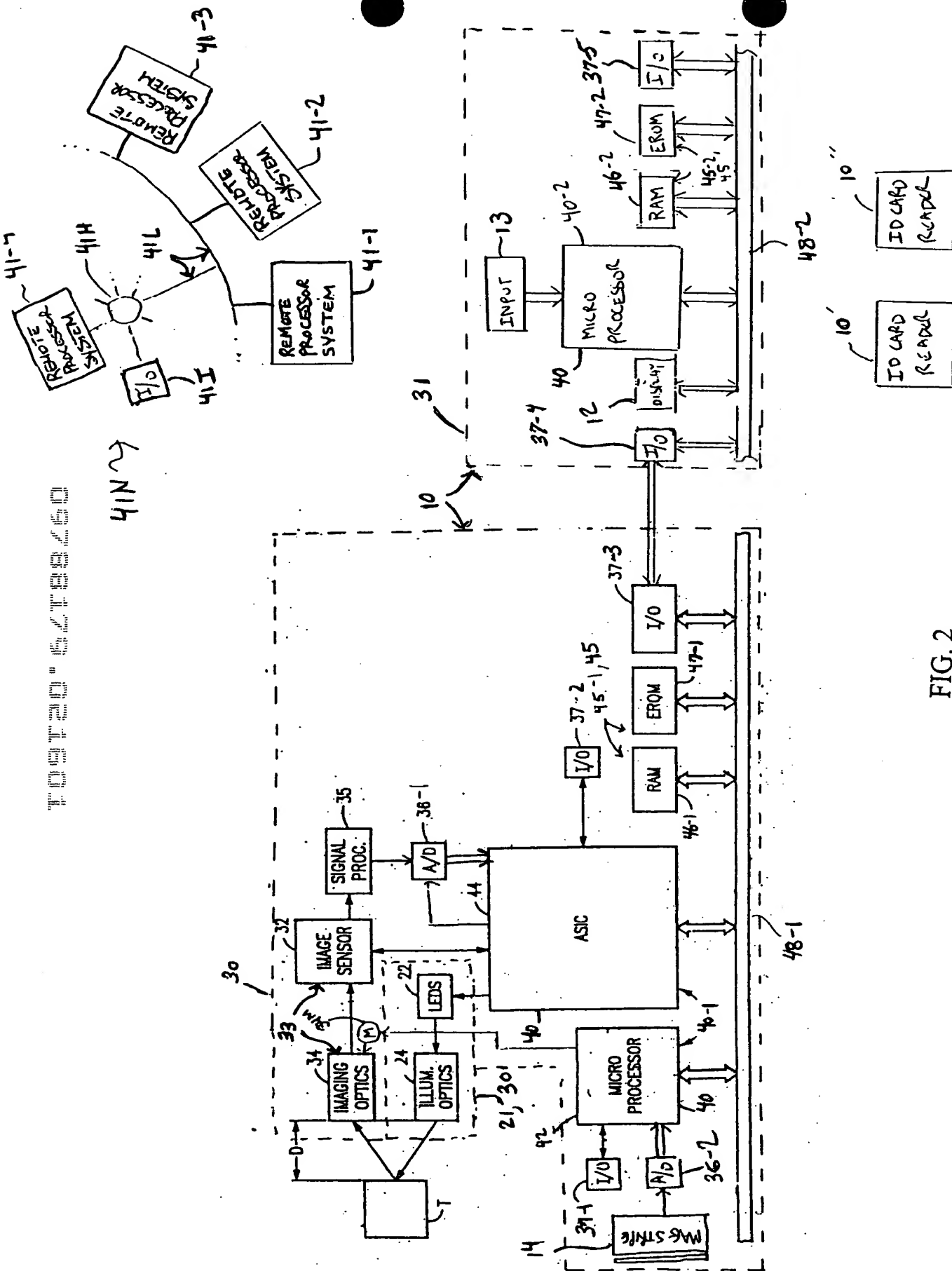


FIG. 2

FIG. 3a

16

16P

16F

16T

16SG

NEW YORK STATE
ID 123 456 789 IDENTIFICATION CARD

DOB 01/01/50
DOE, JOHN D.
101 Maple St.
Syracuse, NY 13203
Sex: M Eyes: BL Ht: 5'11"

Signature John D. Doe

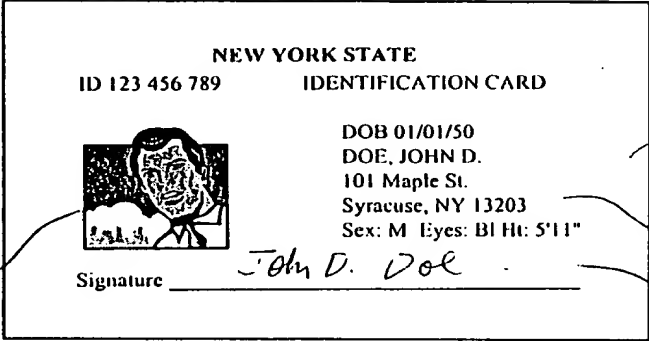


FIG. 3a

16

16S1

16S2

16b

ENDORSEMENTS:
(NONE)

RESTRICTIONS:
CORRECTIVE LENSES

Under Address change below and notify the department within 10 days

ORGAN DONOR INFORMATION

I HEREBY MAKE AN ANATOMICAL GIFT,
TO BE EFFECTIVE UPON MY DEATH, OF:

A. ☐ ANY NEEDED ORGANS OR PARTS
B. ☐ THE FOLLOWING BODY PART(S) _____

C. ☐ LIMITATION(S) _____

SIGNATURE: _____

WITNESS: _____

WITNESS: _____

DATE: _____

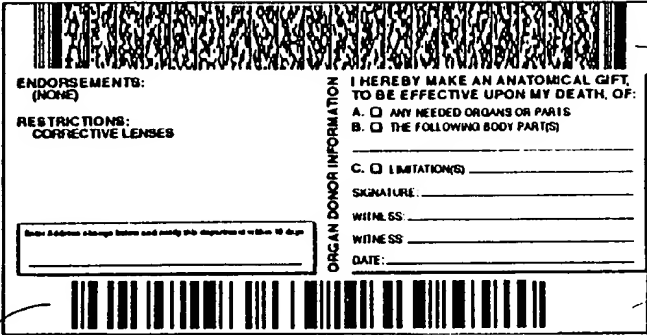


FIG. 3b

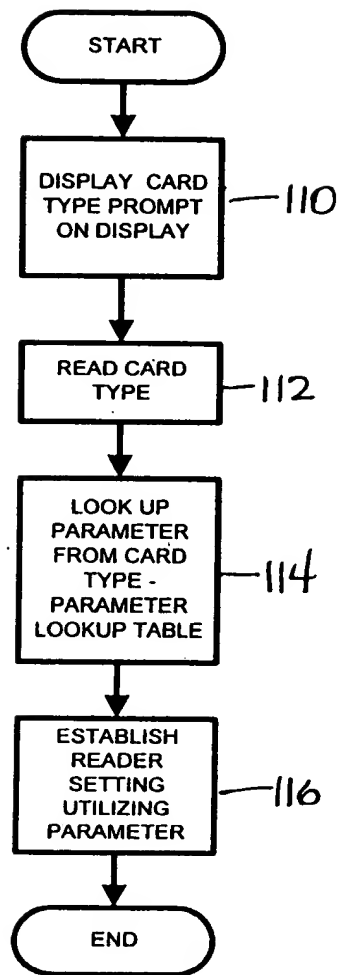


FIG. 4a

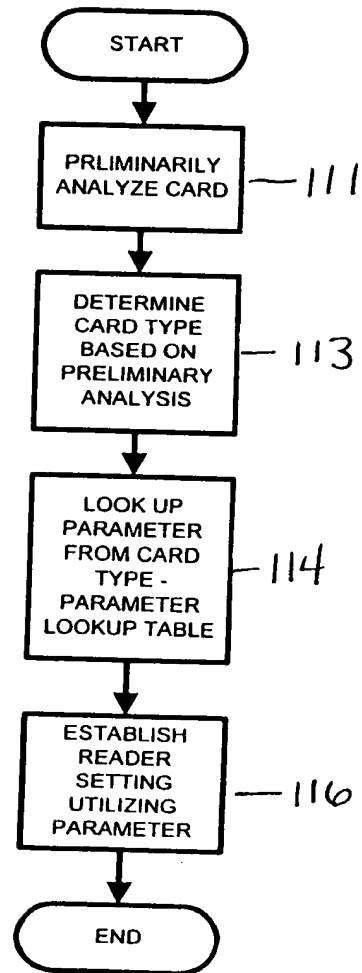


FIG. 4b

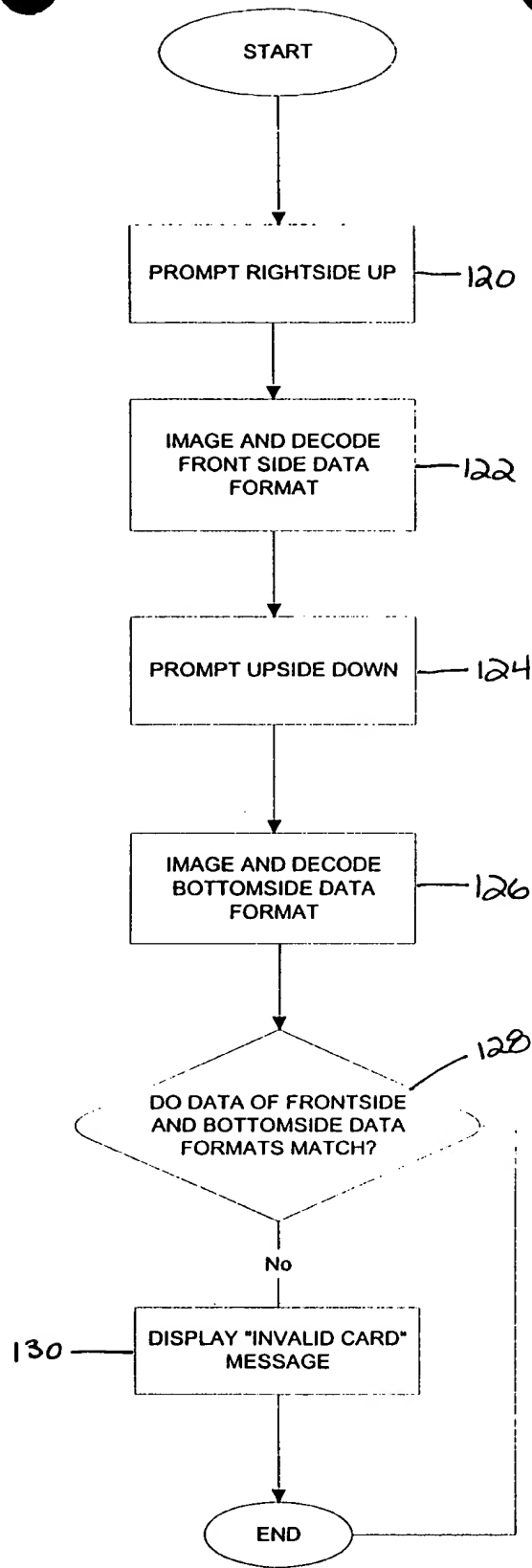


FIG. 4c

09/03/99 09:16:04

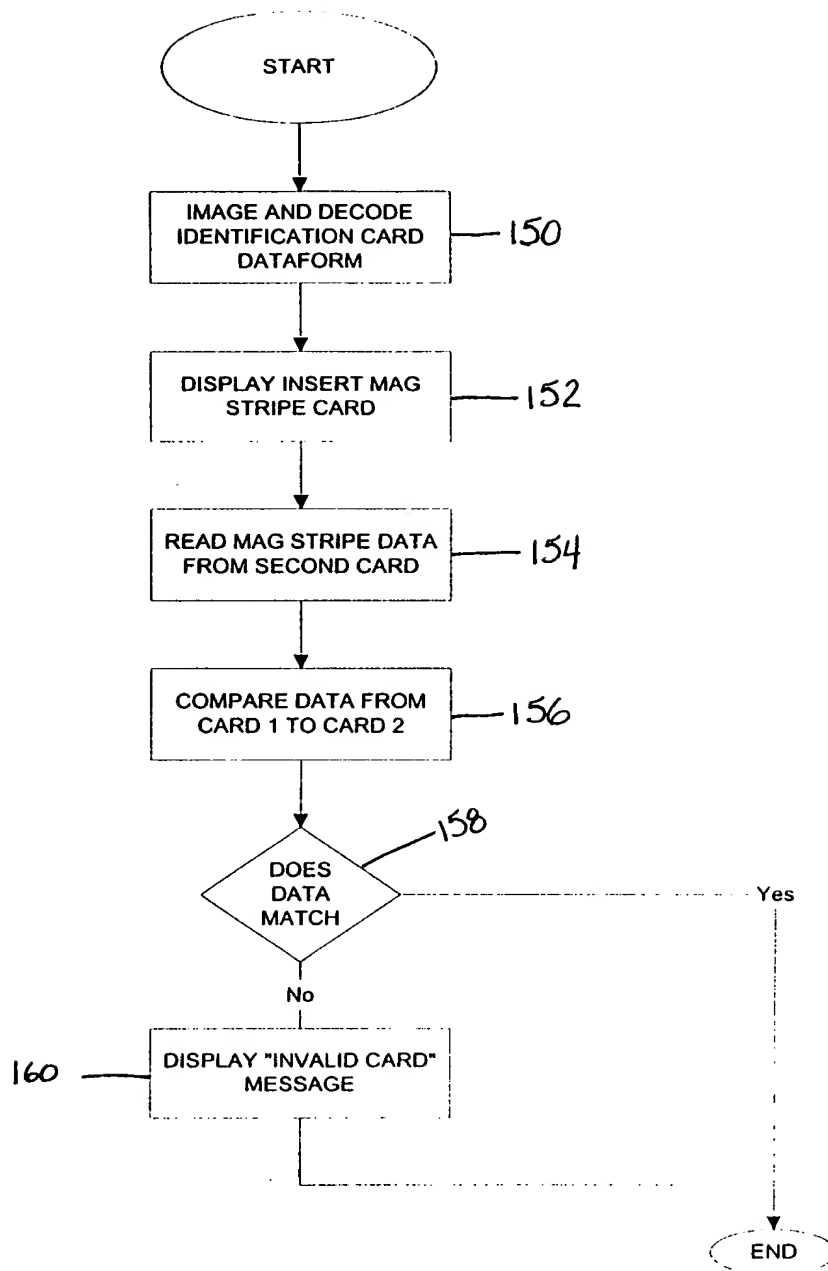


FIG. 4d

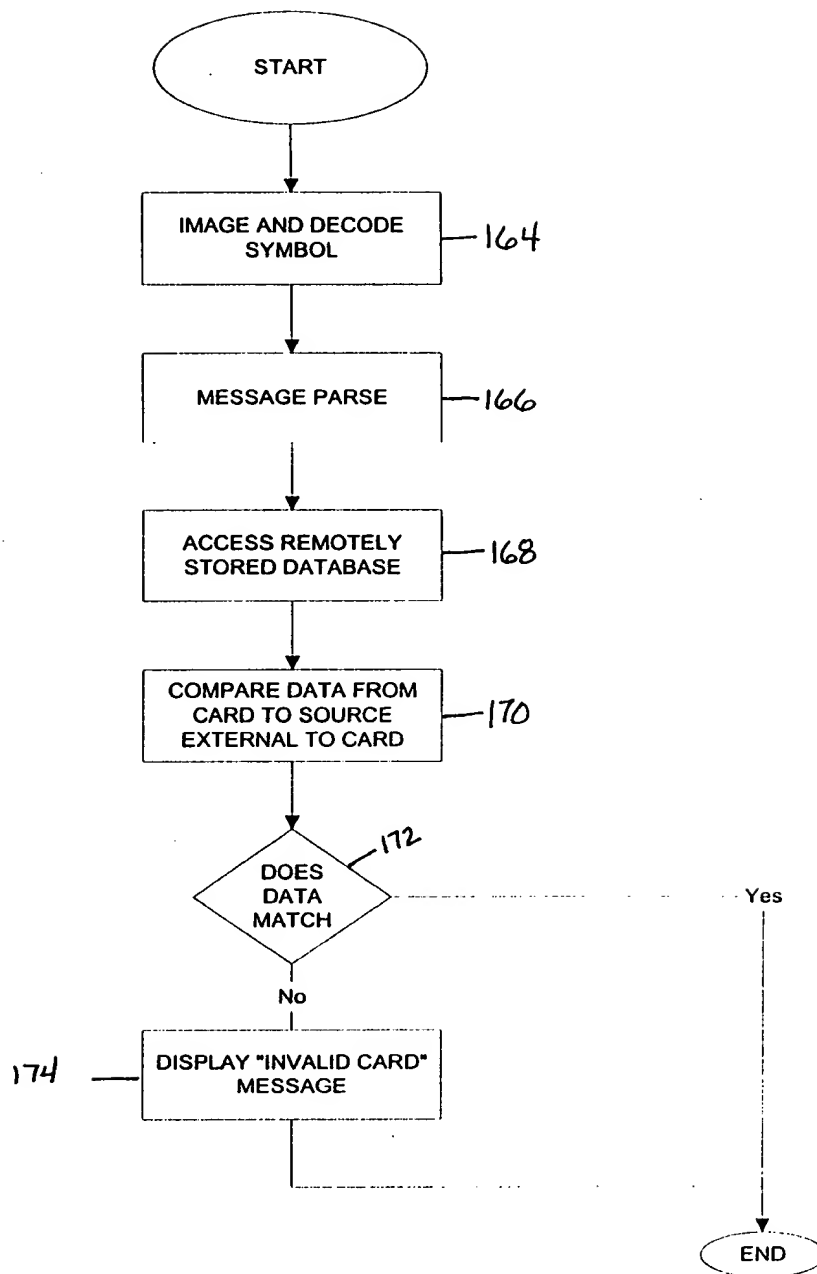


FIG. 4e

149

140

| CARD TYPE | TRAY HEIGHT | THRESHOLD | FOCAL LENGTH | TOPSIDE | TOPSIDE | BOTTOMSIDE | BOTTOMSIDE |
|-----------|-------------|-----------|--------------|---------|---------|------------|------------|
|-----------|-------------|-----------|--------------|---------|---------|------------|------------|

NEW YORK 14mm 140 10mm OCR ----- PDF CODE 128

PENNSYLVANIA 7mm 120 9mm CODE 39 OCR PDF -----

TEXAS 3mm 150 10mm OCR ----- CODE 39 -----

↑ 142 ↑ 144 ↑ 146 ↑ 148 ↑ 149f₁ ↑ 149f₂ ↑ 149b₁ ↑ 149b₂

FIG. 5